

**PART B - FEE(S) TRANSMITTAL**

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax** (571)-273-2885

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590 03/15/2006

Thomas J D'Amico  
 Dickstein Shapiro Morin & Oshinsky LLP  
 2101 L Street NW  
 Washington, DC 20037-1526



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**Certificate of Mailing or Transmission**  
 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/901,280	07/09/2001	Giuseppe Rossi	08305-116001/20-31	7560

TITLE OF INVENTION: CHARGE MODE ACTIVE PIXEL SENSOR READ-OUT CIRCUIT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	\$700-\$1400	\$300	\$1000	06/15/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS		1700	
TRAN, NHAN T	2615	348-294000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Dickstein Shapiro  
Morin & Oshinsky LLP

X  
 X

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Micron Technology, Inc.

Boise, ID

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 5

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1073 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature 

Typed or printed name Thomas J. D'Amico

06/16/2006 MB/EYENZ2 00000163 09901280

Date 01 FC:1501	1400.00	OP
02 FC:1504	300.00	OP
03 FC:8001	15.00	OP

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PTO/SB/17 (01-06)  
Approved for use through 7/31/2006. OMB 0651-0032

Approved for use through November 30, 1992. GPO 0-770-00000-1

**U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE**

 <b>Fees pursuant to the Consolidated Appropriations Act, 2006 (P.L. 109-192).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/901,280-Conf. #7560</td> </tr> <tr> <td>Filing Date</td> <td>July 9, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Giuseppe Rossi</td> </tr> <tr> <td>Examiner Name</td> <td>N. T. Tran</td> </tr> <tr> <td>Art Unit</td> <td>2615</td> </tr> <tr> <td colspan="2">Attorney Docket No.</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p><b>TOTAL AMOUNT OF PAYMENT</b>    <b>(\$)</b> <b>1,715.00</b></p> <p>M4065.0862/P862</p>		Application Number	09/901,280-Conf. #7560	Filing Date	July 9, 2001	First Named Inventor	Giuseppe Rossi	Examiner Name	N. T. Tran	Art Unit	2615	Attorney Docket No.	
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Art Unit	2615														
Attorney Docket No.															

**METHOD OF PAYMENT** (check all that apply)

Check     Credit Card     Money Order     None     Other (please identify): \_\_\_\_\_

Deposit Account    Deposit Account Number: **04-1073**    Deposit Account Name: **Dickstein Shapiro Morin & Oshinsky LP**

**For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)**

Charge fee(s) indicated below       Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of fee(s), under 37 CFR 1.16 and 1.17       Credit any overpayments

**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**

## **1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	FILING FEES		SEARCH FEES		EXAMINATION FEES		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

## **2. EXCESS CLAIM FEES**

**Fee Description**

Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

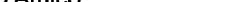
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
- 35 =	x	=		<u>Fee (\$)</u>
HP = highest number of total claims paid for, if greater than 20.				<u>Fee Paid (\$)</u>
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
- 7 =	x	=		
HP = highest number of independent claims paid for, if greater than 3.				

### **3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**      **Extra Sheets**      **Number of each additional 50 or fraction thereof**      **Fee (\$)**      **Fee Paid (\$)**  
\_\_\_\_\_ - 100 = \_\_\_\_\_ /50 \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	28,371	Telephone	(202) 828-2232
Name (Print/Type)	Thomas J. D'Amico			Date	June 15, 2006